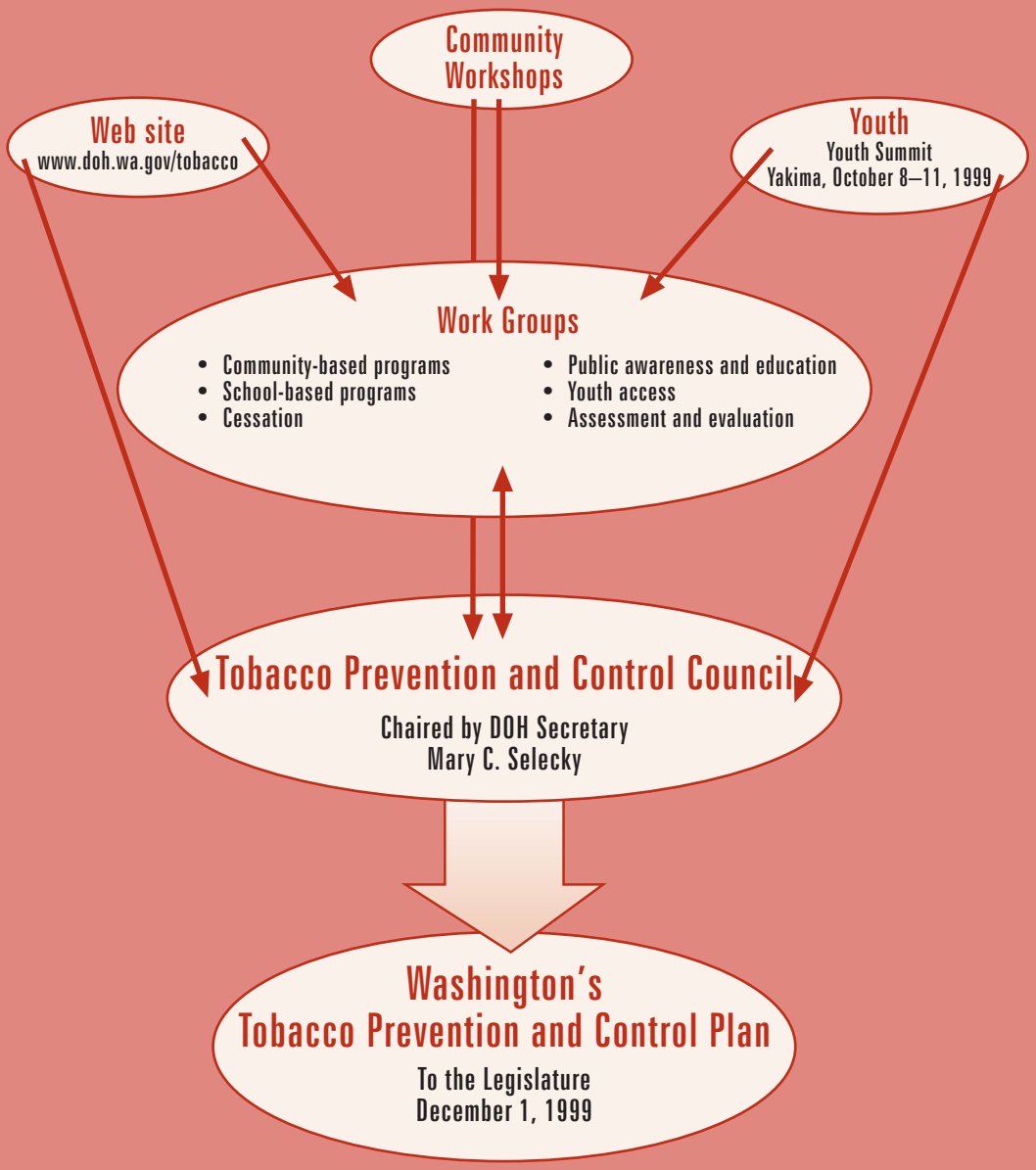
Creating Washington's Tobacco Prevention and Control Plan



Building the Plan

In July 1999, the Washington State Department of Health appointed the Tobacco Prevention and Control Council to prepare for an unprecedented and comprehensive attack on tobacco use in this state.

The Washington Legislature's mandate to both the Department and the Council requires more than just a proposal to spend tobacco settlement funds. It specifically requires a state plan that is sustainable, long-term, comprehensive, and emphasizes proven strategies. It requests nationally applied outcome measures for tracking progress and requires that these measures be used to compare Washington's progress with other states.

The first dollars from the national tobacco settlement made their way to Washington during November 1999. To prepare for this new resource, the Council looked to a 1998 study conducted by the state Attorney General's Tobacco Task Force and to "best practices" — proven, effective prevention strategies — identified by the U.S. Centers for Disease Control and Prevention.

From CDC, the Council adopted four overall goals for Washington's tobacco prevention and control program:

- To prevent initiation of tobacco use among youth and young adults
- To promote quitting among youth and adults
- To eliminate exposure to environmental tobacco smoke
- To identify and eliminate disparities related to tobacco use and its effects among different population groups

The Tobacco Prevention and Control Council's 16 members include community representatives, elected officials, and public health experts. Drawing from the most effective interventions across the country, CDC studies, and the work of the Attorney General's task force, the Council identified six areas of focus for Washington's Tobacco Prevention and Control plan:

The Washington Legislature's mandate for the tobacco prevention plan requires a state program that is sustainable, long-term, comprehensive, and emphasizes proven strategies. It also requires that all activities be linked to outcomes.

Community-based programs

Developing and maintaining programs in counties, Tribes, and among ethnic and other minorities; assisting communities in developing prevention programs consistent with best practices; supporting statewide and regional programs including a Youth Advisory Board, multicultural outreach and education, partnership grants, training and technical assistance, and a materials clearinghouse.

School-based programs

Reaching more than a million children and youth with an anti-tobacco message through a comprehensive K-12 program designed to increase student knowledge, change attitudes, and resist influences to use tobacco.

Cessation

Helping tobacco users to quit — as more than 70% say they want to do — by assuring access to social supports such as telephone Quit Lines and to nicotine replacements for the uninsured.

Public awareness and education

Using mass media to inform the public about tobacco hazards and cessation services and to counter tobacco industry marketing that encourages adults to use tobacco and youth to begin using tobacco.

Youth access

Reducing sales of tobacco products to underage youth by education of retailers, performance of compliance checks, and enforcement of state and federal laws.

Assessment and evaluation

Ensuring accountability by assessing and evaluating the effectiveness of tobacco prevention programs and activities through data-gathering and other research activity.

These program components form the core of Washington's tobacco prevention plan, but they would not be simply imposed on communities as tobacco settlement dollars reach the state. The plan would mobilize existing structures and partnerships wherever possible. It is also designed to foster collaboration among public and private agencies managing these activities. To accomplish this, the Tobacco Prevention and Control Council developed an approach that will work within Washington's current substance abuse prevention and public health systems.

A Statewide Network

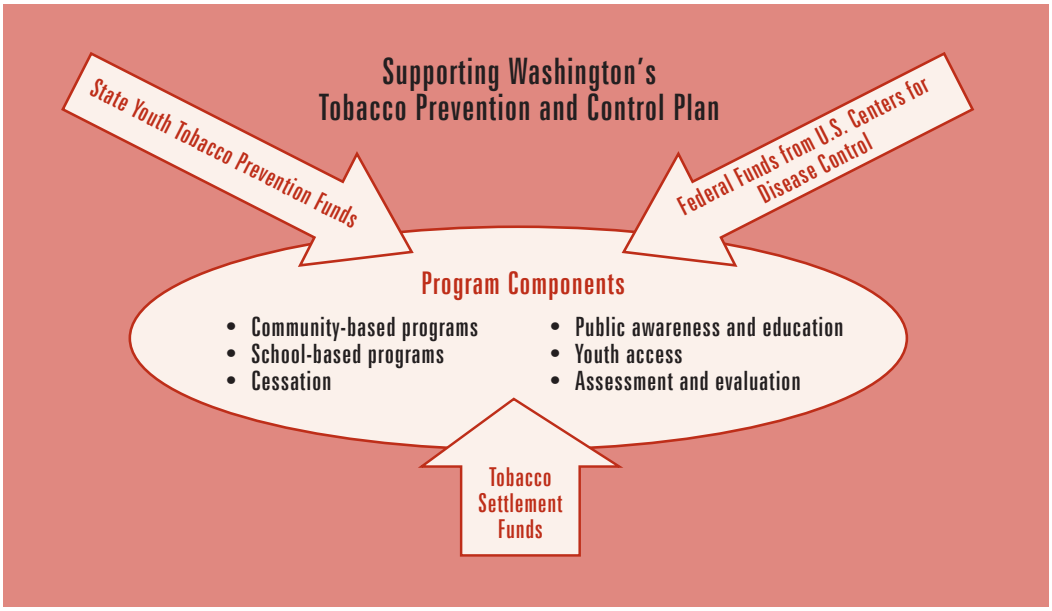
The publicly funded substance abuse system in Washington State involves major initiatives within five state agencies: The Department of Community, Trade and Economic Development; the Department of Social and Health Services Division of Alcohol and Substance Abuse; the Office of the Superintendent of Public Instruction; the Liquor Control Board; and the Department of Health. It also involves the Family Policy Council, a legislative-executive group. The combined work of these agencies supports a statewide network of community-sponsored, risk prevention activities.

Tobacco prevention also fits well within the mission and strategies of Washington's public health system. The Department of Health, working with federal agencies and 34 local public health jurisdictions, protects entire populations from disease and injury. Public health works within communities — with individuals, families, schools, hospitals and clinics, and local organizations — to achieve behavioral changes that keep people healthy, such as wearing seat belts and bicycle helmets, protecting local water quality, and using preventive health services.

Washington's public health system has been engaged in tobacco prevention for nearly a decade. These activities have been financed primarily from retailer license fees and from federal funds; the two funding sources together generate barely $2 million a year. This support has enabled several Washington communities to perform retailer compliance checks and to begin communicating an anti-tobacco message.

But much of this funding has been concentrated in urban areas—not the rural counties with the state's highest smoking prevalence and lung cancer death rates. And the funding level falls well below the $33 million a year minimum CDC recommends for successful tobacco prevention and control programs.

To be successful, Washington's Tobacco Prevention and Control Plan would leverage private resources through public-private partnerships. Private, community-based organizations play a critical role in the state's current substance abuse and tobacco



prevention programs by increasing access to services, engaging community volunteers, and encouraging public support for tobacco prevention and control measures. Employers provide access to employee groups, and they may discourage tobacco use through company policies and incentives and by offering cessation services. The health care system — hospitals, providers, insurers, and professional health and medical groups — are spending millions in Washington every year to provide the treatment resources needed to help tobacco users quit.

Across the state, more than 150 youths and 200 community members proposed tobacco prevention activities.

The Council's Work Plan

To ensure that all of the activities proposed as part of Washington's tobacco prevention plan would, as required by the Legislature, be linked to measurable outcomes, the Council performed a type of program planning that is increasingly being applied by public and private funders. The outcome-based planning requires developing a list of recommended activities, both for the first year and for "sustaining" years of the plan. It then links these activities to initial, intermediate, and long-term outcomes. Each of the six work groups performed this process for its program component. (This work is summarized in the next section, along with each component's target populations and implementation schedule.)

Throughout its work, the Council sought youth involvement. A high school student serves on the Council. A Tobacco Youth Summit — sponsored by the Department of Health, the state Attorney General's office, and several partners — drew 150 youths for a three-day meeting in Yakima in October 1999. Participants developed recommendations for youth involvement in the tobacco prevention plan and formed a Youth Advisory Board made up of eight representatives from four regions.

To hear what Washington citizens had to say about tobacco prevention, the Council sponsored six community workshops throughout Washington during September 1999. More than 200 participants — including legislators and representatives from local public health jurisdictions, community organizations, schools, government agencies, and the news media — shared their top priorities for tobacco prevention programs. Recommendations included using mass media to convey anti-tobacco messages, ensuring access to cessation programs for youth and adults, and beginning school-based prevention programs in early grades.

As the Council gathered this information, it became the task of each of the six program component work groups to assign projected costs for their activities. The legislative mandate requires that each activity be linked to outcomes and be cost-effective.

Investing in Prevention

During the first year of the Washington Tobacco Prevention and Control Plan (Fiscal Year 2000), the work of the comprehensive program would cost about $26.2 million of the $100 million in settlement funds set aside for tobacco prevention. Expenditures in Fiscal Year 2001 would be slightly less, at $25.9 million.

(The requested budget for prevention plan activities is summarized in the table on pages 24-25. A more detailed analysis of each of the plan components and projected first-year and sustaining costs follows in the next section.)

This level of effort represents a great addition of public resources to the state's current involvement in tobacco prevention. But it pales beside the $1.3 billion a year in tobacco-related costs borne by all Washingtonians — including $240 million by Washington's Medicaid program.

Washington is one of the few states investing all of its settlement dollars in health programs and to set aside a substantial share of the funds for prevention. The plan laid out in the following pages honors this commitment with an integrated, cost-effective program to spend the money.

A Cost-effective Tobacco Prevention Plan for Washington State*

Savings	3-year Goal (adult smoking rate drops 2%)	10-year Goal (adult smoking rate drops 6%)
Early deaths prevented	28,000	84,000
Future State Medicaid costs	$136 million	$408 million
All future medical costs	$1.08 billion	$3.24 billion

* Figures assume sustainable implementation of the requested appropriation over a 10-year period.

Tobacco Prevention and Control Account Budget — Fiscal Year 2001

Plan Elements	Activities
Community-based programs; statewide, regional, and local	Develop and maintain tobacco prevention programs in communities and Tribes across the state, consistent with best practices. Work with state and local agencies to enhance existing substance abuse and prevention programs. Provide statewide and regional programs including a Youth Advisory Board, multicultural outreach and education, partnership grants, training and technical assistance, and a materials clearinghouse.
School-based programs	Promote a "no tobacco use" attitude among K-12 public school students by adopting and enforcing tobacco-free policies, integrating effective curriculum, and coordinating access to cessation services.
Cessation	Support and finance toll-free youth and adult Quit Lines to help tobacco users quit. Develop initiatives to increase access to cessation services.
Public awareness and education	Conduct mass media and information campaigns to counter tobacco marketing. Statewide campaign would focus on high-risk groups and communities.
Youth access	Build on Washington's current programs to discourage sales of tobacco products to minors.
Assessment and evaluation	Conduct periodic surveys of Washington residents and program evaluations to study the effectiveness of program components.
Administrative costs	Provide agency staffing to implement and monitor all aspects of the comprehensive program.

Outcomes

Shift in outcomes about tobacco use; increased use of cessation programs; reduced disparities across population groups

Increased student knowledge; changed student attitudes; improved policy compliance; reduced youth initiation; decreased share of youth using tobacco

More tobacco users who quit; increased availability and use of cessation support; identification of effective programs, including those for youth and pregnant women

Shift in attitudes about tobacco use; decreased use of tobacco; decreased intention by youth to start using tobacco

Increased number of retailers who do not sell tobacco products to youth

Measured progress and demonstrated program accountability

*Council and plan development funded in current biennial appropriation

Requested Budget*

Grants to communities	$4.45 million
Grants to Tribes	$390,000
Statewide/regional	
Youth Advisory Board	$250,000
Multicultural	$750,000
Partnership grants	$1 million
Training/TA	$375,000
Clearinghouse	$250,000
DOH Staff (2 FTEs)	$126,000
$7.59 million	
School districts	$3.75 million
ESDs	$975,000
DOH Staff (1 FTE)	$63,000
$4.79 million	
Adult and Youth Quit Line	$1.89 million
TA/consultation	$125,000
DOH Staff (.5 FTE)	$35,000
$2.05 million	
Public information	$780,000
Media campaign	$7.8 million
DOH Staff (1 FTE)	$65,000
$8.65 million	
Retailer education	$140,000
$140,000	
Assessment, evaluation, and technical assistance	$2.19 million
DOH Staff (1 FTE)	$53,000
$2.24 million	
Interagency coordination	$230,000
Operational costs	$547,000
$777,000	

Total: $26.24 million

An Integrated Plan

The Tobacco Prevention and Control Council set four overall goals for the state plan. All interrelated program components serve these goals.

Prevent youth initiation

Public awareness and education

School-based programs

Community-based programs

Promote quitting

Public awareness and education

Cessation

School-based programs

Eliminate exposure to ETS

Public awareness and education

School-based programs

Community-based programs

Eliminate disparities across communities

Public awareness and education

Community-based programs

Program Components

Research shows that there is no single strategy — no magic bullet — that will prevent people from using tobacco. But a comprehensive, statewide program achieves results. If prevention and quit messages come from myriad sources — the workplace, schools, mass media, and health care settings — more people are encouraged to quit and more youth are discouraged from starting.

Washington's Tobacco Prevention and Control Plan would establish an anti-tobacco message in the mass media, schools, workplaces, community organizations, and health care settings. It would reach out to children and youth, to pregnant women and parents, and to adult smokers who need help quitting. It would support a powerful mix of programs providing health education, cessation support, and public education to help people resist tobacco industry marketing. Together, these programs will work.

This section presents each of the major program components, the activities that fall within each component, and their projected costs.

Although it is necessary to discuss the details of the components individually, the plan works only as an integrated whole. Many of the activities presented in the program components intentionally overlap. Again, the experiences of other states have shown that this is the most effective way to achieve outcomes.

For example, the states that have driven down rates of tobacco use among their youth have shown that interventions aimed at youth only in school settings generally don't work. Successful anti-tobacco programs target youth in their schools, in their communities, and in the mass media.

Similarly, mass media creates an environment in which change in attitudes toward tobacco can occur. But meaningful and sustained changes require well-organized and well-coordinated campaigns at the community level.

The Tobacco Prevention and Control Plan works only as an integrated whole, and some of its proposed activities intentionally overlap.

As the following descriptions show, each of the activities proposed within the major program components is committed to achieving specific outcomes, such as recalling anti-tobacco messages, making greater use of cessation services, and changing student attitudes toward tobacco.

This focus on outcomes provides accountability to ensure that these efforts are making the most efficient use possible of tobacco settlement resources.

"Successful tobacco prevention programs boast two things in common: they target youth and they get built from the community up."

— Alonzo Plough, Tobacco Prevention and Control Council member and Director, Public Health — Seattle & King County

Community-based Programs

Other states have shown that the most meaningful and sustained reductions in tobacco use can only occur through integrated campaigns at the local level — "neighbor-to-neighbor."

The community-based component has three objectives: to prevent tobacco use and exposure to ETS; to increase access to resources that can help tobacco users quit; and to ensure that resources are spent where they are most needed, especially on groups at greatest risk.

The state's plan defines communities according to county boundaries and tribal designations. It would support local programs by allocating funding according to the size of the county and tribal populations, and it would hold communities accountable for their efforts. Each would be required to:

- Involve youths on local boards/coalitions;
- Conduct assessments, identify disparities, and develop an outcome-based plan consistent with best practices;
- Implement strategies to address disparities;
- Demonstrate ability to leverage resources, avoid duplication, and foster community ownership of programs;
- Conduct compliance checks of licensed or tribal tobacco retailers;
- Identify a local lead agency to provide leadership and accountability, to manage local funds, and to ensure linkage to other tobacco control and substance abuse prevention efforts.

Other states have shown that the greatest reductions in tobacco use occur "neighbor-to-neighbor."

A local board or coalition would make all policy decisions and would be accountable to the state Department of Health.

To enhance performance at the community level, the Tobacco Prevention and Control Plan would also allocate funds on a statewide or regional basis. These resources would be linked with local efforts. They would support programs through the state Youth Advisory Board on tobacco issues, partnership grants, multicultural outreach and education, training and technical assistance, and a materials clearinghouse of best practices and other information. (These actions are described in more detail on page 32.)

ACTION

Activities

Year 1 and Sustaining

Establish or use existing tobacco control boards/coalitions in each community.

Conduct community assessments to determine disparities.

Fund communities/Tribes to develop and implement community plans based on local needs, such as:

- Providing retailer education and compliance checks;
- Increasing access to cessation services;
- Establishing community-based youth boards;
- Teaching media literacy and media advocacy;
- Providing training and technical assistance.

Outcomes

Year 1 and Sustaining

Local tobacco control boards/coalitions established in each community

Community assessments conducted; community-specific priorities identified

Local plans developed and implemented

Outcomes would be specific to priority programs and identified and implemented by individual communities, including:

- Increased availability and use of local tobacco cessation resources;
- Increased youth awareness of hazards of tobacco use;
- Effectiveness of specific projects to reduce disparities among community populations;
- Decline in adult/youth tobacco use attributed to community-based programs.

Community-based Programs

IMPLEMENTATION

Target Population

Year 1 and Sustaining

Establish local boards/ coalitions; conduct assessments; implement plans:

At-risk groups, youth

Educate retailers and communities about youth access laws:

Retailers, youth, educators, parents

Educate communities about the dangers of ETS:

Employers, educators, parents, youth

Increase availability of cessation programs:

At-risk groups

Establish youth boards:

Youth, educators

Support efforts to eliminate disparities:

At-risk populations

Delivery

Year 1 and Sustaining

Preplanning: Communities/Tribes conduct capacity and initial needs assessments and adjust or develop short- or long-term plans:

April-September 2000

Community tobacco control boards/ coalitions established; submit proposals; proposals reviewed; funding allocated:

July-December 2000

Disparity assessments conducted; community plans developed and implemented:

July 2000-ongoing

Report activities and progress:

October 2000-ongoing

Tobacco control boards/coalitions set priorities for the next fiscal year:

March-May 2001

Costs

Year 1

$4.45 million (grants to communities)

$390,000 (Tribes/urban health programs)

Statewide and regional activities total (see page 32):

$2.63 million

$126,000 DOH Program Staff (2 FTEs)

Sustaining

$4.45 million (communities)

$390,000 (Tribes/urban health programs)

Statewide and regional activities (see page 32):

$2.55 million

$189,000 DOH Program Staff (3 FTEs)

Statewide and Regional Activities

To enhance performance at the community level, the state plan would also allocate funds on a statewide or regional basis.

Youth Advisory Board:

Youth involvement and input in the planning, decision-making, and implementation of tobacco prevention are necessary elements of the state plan. Youth know best their peers' likes and dislikes. Youth Advisory Board members would develop and facilitate youth coalition meetings in their regions to enhance communication between state level processes and the local youth coalitions. The Youth Advisory Board would link and fund activities between regions and work with the youth-led organization Savings Ourselves from Unfiltered Lies (SOUL).

Year 1 funding: $250,000
Sustaining funding: $250,000

Partnership grants:

The plan would fund statewide, regional, or specialized local projects. Grants would go to organizations or agencies to enhance cost-effective community work and leverage private funding. For example, grants may finance efforts by health care providers or community groups to improve access to cessation services. For at least the first year of the program, the grants would emphasize youth, rural areas, and cessation.

Year 1 funding: $1 million
Sustaining funding: $1 million

Multicultural tobacco outreach and education:

A primary goal of the plan is to reduce disparities across communities. It would require local communities to assess the level and location of disparities in their communities. In addition, grants would be available for statewide or regional projects to assist communities and reach special populations through other avenues. Funds may also support regional or state networks to share strategies.

Year 1 funding: $750,000
Sustaining funding: $750,000

Training and technical assistance:

Activities would include statewide and regional workshops and conferences, consultation, issues research, provider training on cessation, and support for other activities in all six program components.

Year 1 funding: $375,000
Sustaining funding: $300,000

Materials clearinghouse:

To gather best practice materials, the plan includes funding to establish a state materials clearinghouse that would collectand distribute tobacco control materials free or at cost.

Year 1 funding: $250,000
Sustaining funding: $250,000

School-based Programs

Nearly a million children and youth attend public schools in Washington. An intolerably high share of them smoke: 15.2% of eighth-graders, 21.8% of tenth-graders, and 28.6% of twelfth-graders. In several Washington communities, youth smoking rates have continued to rise even as adult rates have leveled off.

Youth smoking is associated with low school commitment and poor social skills. Young people are a prime target of tobacco industry marketing. Schools are a critical environment to reach youth.

The U.S. Centers for Disease Control and Prevention's guidelines for school-based tobacco prevention programs include:

- Developing and enforcing school policies on tobacco use;
- Providing tobacco use prevention education in kindergarten through twelfth grade, including intensive instruction for middle school grades;
- Providing program-specific training for teachers;
- Involving parents and families.

The school-based program component requires broad collaboration across several public agencies. Increased funding would allow the Department of Health, the Office of the Superintendent of Public Instruction, Washington's nine Educational Service Districts, and its 296 individual school districts to work together to integrate tobacco prevention activities within the Essential Academic Learning Requirements and existing prevention programs. The plan would meet the goals of the 1993 Washington Education Reform Act.

School districts will use existing or create site-advisory groups to implement the program, which will include teachers, students, school nurses, substance abuse intervention specialists, and community members.

Youth smoking is associated with low school commitment and poor social skills. More than 15% of Washington's eighth-graders and nearly 22% of its tenth-graders smoke.

Objectives of the school-based activities are to promote strong "no tobacco use" attitudes and norms among students, to increase student knowledge regarding the dangers of tobacco, and to provide students with the necessary skills to recognize and resist influences to use tobacco.

ACTION

Activities

Year 1 and Sustaining

Develop capacity to implement comprehensive programs.

Conduct a school-specific comprehensive assessment, including collection of baseline data on tobacco use prevalence, attitudes, knowledge, and current school-based prevention programs.

Define measurable goals and objectives.

Develop and implement a K-12 school-based tobacco prevention and cessation program. To qualify for funding, school-based programs must agree to meet minimum criteria that include:

- Tobacco-free school policies;
- Effective curriculum that includes media literacy, peer refusal skills, and is integrated with Essential Academic Learning Requirements;
- Linkage to local tobacco control boards/ coalitions;
- Staff training;
- Culturally relevant program components;
- Access to cessation services for student and staff;
- Site advisory group involvement.

Participate in assessment and evaluation.

Outcomes

Year 1 and Sustaining

Reduced youth initiation

Improved resistance to tobacco industry messages

Decreased prevalence of youth using tobacco

Increased student knowledge about harm caused by tobacco, tobacco industry marketing, and social consequences of tobacco use

Changed student attitudes about tobacco

Improved enforcement of tobacco-control policies

Increased resources available to educators for youth prevention and intervention

School-based Programs

IMPLEMENTATION

Target Population

Year 1 and Sustaining

All public school students in Washington State

Measure applicability for K-12 private schools.

Delivery

Year 1 and Sustaining

Department of Health coordinates with Educational Service Districts and the Office of the Superintendent of Public Instruction:

May-June 2000

Funding begins; DOH coordinates overall program; OSPI assures integration with other prevention programs; ESDs contract with districts that agree to meet criteria and provide training and technical assistance to districts:

July 2000-ongoing

Districts develop site advisory committees:

September 2000

School districts conduct comprehensive assessments; define goals and objectives; develop plans, materials, and trainings:

September 2000-January 2001

School districts implement school plans:

February 2001-ongoing

DOH, OSPI, ESDs, and school districts collaborate on program evaluation:

September 2000-ongoing

Costs

Year 1

$3.75 million (districts)

$975,000 (ESDs)

Costs are based on projection that 75% of school districts will apply for funding in Year 1.

$63,000 DOH Program Staff (1 FTE)

Sustaining

$3.9 million (districts)

$975,000 (ESDs)

Costs are based on projection that 95% of school districts will apply for funding in sustaining years. Initial $5/student allocation will decrease to $4/student in sustaining years.

$63,000 DOH Program Staff (1 FTE)